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STATE OF 14				NT	
DISTRIBUTION	$\overline{+}$	<del></del>			OIL CONSE
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FSignature 1

(Title)

(Date)

James S. Hazen

Field Supt

5/30/86

ERVATION DIVISION O. BOX 2088 , NEW MEXICO 87501

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OPERATOR 07FK	AUTHORIZATI		R ALLOWABLE ND PORT OIL AND NAT	URAL GAS MAY	Y 2 9 1981	6
Operator JEROME P. McHUGH					\$ 19 \$4.0	
P O Box 809, Farmington,	, NM 87499		10th (810	se explain)	301.0	
Resson(s) for filing (Check proper box)  New Well Recompletion Change in Own-ership	Change in Trans XX Oil Casinghead	□ ~		ctive 6-1-86		
If change of ownership give name and address of previous owner						
II. DESCRIPTION OF WELL AND	LEASE   Well No.   Pool !	Name, Including Fo	ormation	Kind of Lease		Lease No.
Janet	1 1	vilan Manco		State, Federal or Fee	Fee	
Line of Section 27 Towns  III. DESIGNATION OF TRANSPO  Name of Authorized Transporter of Oil C  Gary Energy Corp  Name of Authorized Transporter of Casin  El Paso Natural Gas Co.	ORTER OF OIL A  XX or Condens  Inghead Gas XX or  (no change  Unit   Sec.    A   27	Runge  ND NATURAL  ate   Dry Gas   e)  Twp.   Rge.  25N   2W	CAS Address (Give address P O Box 159, E Address (Give address P O Box 499 Is gas actually conne	s to which approved copy of 3100mfield, NM 8 s to which approved copy of O, Farmington, NM cted? When	this form is 7413 (this form is	to be sent)
NOTE: Complete Parts IV and V  VI. CERTIFICATE OF COMPLIAN  I hereby certify that the rules and regulation been complied with and that the information my knowledge and belief.	on reverse side if	necessary.	1 <b>4</b>	CONSERVATION DI	VISION MAY 2 9 VISOR DISTRI	, <u>1986</u>
Carnes & Hanen	40			to be filed in compliance		

well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owne well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multip

completed wells.

5	TAT	E OF	NEW	MEXICO
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OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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Separate Forms C-104 must be filed for each pool in multip

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Page 1

LAND OFFICE				, · · · · · · · · · · · · · · · · · · ·
TRAMEPORTER GAS .	REQUEST FOR	ALLOWABLE		
OPERATOR	4A	ND /	. MAY 2 9 19 20	<b>.</b>
PROBATION OFFICE AUTHOR	RIZATION TO TRANSP	ORT OIL AND NATU	IRAL GALL	- 1
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			DIST. 3	₹.
JEROME P. McHUGH		<u> </u>		
A64ress 0.7	100			
F O Box 600; ruring early	499	Other (Pleas	e explain)	<u> </u>
Resson(s) for filing (Check proper box)	n Transporter of:			
		y Gas Effec	tive 6-1-86	
	inghead Gas Co	ndensate		
Change in Ownership Casi				
If change of ownership give name		•		
and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE		·		
Lease Name Well No.	Pool Name, Including Fo	ormation	Kind of Lease	Lease No
Janet · 1	Gavilan-Green	Graneros Dakot	State, Federal or Fee Fe	e
Location		•		
700 Feet Fr	om The North Line	e and790	Feet From The East	
Unit Letter A : 150 Peet 7 N			Die Ammilia	
Line of Section 27 Township 25	N Riznge	2W , NMPI	u, Rio Arriba	Count
Gary Energy Corp  Name of Authorized Transporter of Casinghead Gas &  El Paso Natural Gas Co. (no color life produces oil or liquids.	change)	P O Box 159, B.	to which approved copy of this floomfield, NM 87413 to which approved copy of this floor, Farmington, NM 87 ted?  When	form is to be sent)
give location of tanks. A 2	27 25N 2W	<u> </u>		
If this production is commingled with that from a	ny other lease or pool,	give commingling ord	er number:	
NOTE: Complete Parts IV and V on reverse				
VI. CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil C been complied with and that the information given is true a my knowledge and belief.	Conservation Division have	APPROVED	Supervisor dis	2 4 1986 STRICT 33
James S. Hazen Signature)		If this is a re- well, this form mu- tests taken on the	o be filed in compliance with quest for allowable for a new at be accompanied by a tabul well in accordance with RU	ly drilled or deepe lation of the deviat LE 111.
ield Supt. (Title)		All sections of able on new and r	f this form must be filled out ecompleted wells.	completely to all
/30/86		Fill out only	Sections I. II. III. and VI f	or changes of owr
(Date)		well name or numb	er, or transporter, or other such	n change of conditi

completed wells.